Application Data Sheet

Application Information

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

3731

CD-ROM or CD-R?

None

Title::

Method for Surgically Restoring Coronary Blood

Vessels

Attorney Docket Number::

125813-1003

Request for Early Publication?:: No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets:

6

Small Entity::

Yes

Petition included?::

No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority type::

Inventor

Primary Citizenship Country::

USA

Status::

Full Capacity

Given Name::

O.

Middle Name::

Howard

Family Name::

Frazier

City of Residence::

Houston

State or Province of Residence:: TX

Country of Residence::

US

Street of mailing address::

3311 Richmond, #350

City of mailing address::

Houston

State or Province of mailing address::

TX

Postal or Zip Code of mailing address:: 77097

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Stephen

Middle Name:: R.

Family Name:: Igo

City of Residence:: League City

State or Province of Residence:: TX

Country of Residence:: US

Street of mailing address:: 526 Birdsong

City of mailing address:: League City

State or Province of mailing address:: TX

Postal or Zip Code of mailing address:: 77573

Correspondence Information

Name:: Gardere Wynne Sewell LLP

Street of mailing address:: 1000 Louisiana

Suite 3400

City of mailing address:: Houston

State or Province of mailing address:: TX

Postal or Zip Code of mailing address:: 77002-5007

Telephone:: 713 276 5320

Fax:: 713 276 6320

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Representative Information

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Representative Designation::	Registration number::	Name::	
Primary	31,765	Tim Headley	
Associate	24,015	Kenneth R. Glaser	
Associate	47,189	Tom Wright	
Associate	24, 821	Michael E. Martin	

Domestic Priority Information

Application::	Continuity Type:	Parent	Parent Filing
		Application::	Date::
This application	Divisional of	09/860,805	05/18/2001

Assignee Information

Assignee name::

Street of mailing address::
City of mailing address::

State or Province of mailing address::
Country of mailing

address::

Postal or Zip Code of mailing address::

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